



FERNWOOD NEIGHBOURHOOD SPRING BREAK CAMP

Application for Registration

APPLICATION FOR SPRING BREAK PROGRAMS 2015 FOR CHILDREN KINDERGARTEN TO GRADE 5

Child's Full Name: _____ **Grade:** _____ **Age:** _____

☐ Week 1 March 9-13 (Full Time) 7:30am- 5:30pm (\$185)

☐ Week 2 March 16-20 (Full-Time) 7:30am- 5:30pm (\$185)

☐ Drop-In (Full day) 7:30am-5:30pm (\$30/day)

Please list drop-in days: _____

Late Pick-up	\$15.00/ ¼ hour
Absent without phone call	\$10.00

SUBSIDY: ☐ Please check if you are eligible.

I understand that by enrolling my child for the above weeks, I am responsible for the total cost of care. I understand that if I wish to withdraw my child's enrollment in entirety, or in part, I must contact FNOSC in writing two weeks before the week I wish to withdraw in order to have the fees waived.

Parent Signature: _____

Name (Please Print): _____

Date: _____



Family Information

Child's Name: _____ Age: _____ Birth date: _____ Gender: ☐ M ☐ F

Name of Enrolling Parent: _____ Cell Phone: _____

Street Address: _____ Home Phone: _____

City: _____ Postal/Zip: _____ E-mail: _____

Employer: _____ Work Phone: _____

Name of Second Parent: _____ Cell Phone: _____

Street Address: _____ Home Phone: _____

City: _____ Postal/Zip: _____ E-mail: _____

Employer: _____ Work Phone: _____

Siblings Names & Ages (*only if in FNOSC*): _____

Custody Restrictions?: ☐ Yes ☐ No

If so please refer to the custody sheet attached: _____

Names of people not authorized to have access to your child: _____

Emergency Contacts (we will contact these people in order in case of emergency):

1) Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2) Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

3) Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Persons Authorized to Pick up Child (your child will only be released to those named on this form and ID will be required at the time of pick-up):

1) Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2) Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

3) Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Arrivals & Departures

CHILDREN WILL NOT BE RELEASED ON THEIR OWN. CHILDREN MUST BE SIGNED OUT OF THE PROGRAM BY A PARENT OR BY A PERSON AUTHORIZED TO PICK UP. ALL AUTHORIZED PEOPLE TO PICK UP MUST BE AT LEAST 16YRS OF AGE.

Health

Family Doctor: _____ Phone: _____

BC Medical Health Number: _____

Has your child had any serious health problems that we need to be aware of?: ☐ Yes ☐ No

If yes, explain: _____

Does your child have any Special Needs?: ☐ Yes ☐ No

If yes, explain: _____

Does your Child have a Special Needs worker at School: ☐ Yes ☐ No

IF YOU ANSWERED YES, PLEASE ARRANGE A MEETING WITH THE MANAGER TO FILL OUT THE CARE PLAN FORM.

Does your child take any regular medications: ☐ Yes ☐ No

If yes, explain: _____

YOU ALSO MUST COMPLETE AN 'AUTHORIZATION TO ADMINISTER MEDICATION FORM' AVAILABLE FROM THE MANAGER.

Have you noticed an allergy to any particular food or insects? : ☐ Yes ☐ No

If yes, explain: _____

Special Diet/Food Preferences: _____

Immunizations

Please indicate the dates on which immunization was administered. NOTE: Vancouver Island Health Authority requires these dates to be on file.

Please check box if you have chosen not to immunize your child ☐ Parent's Initial _____

	1st visit	2nd visit	3rd visit	12months	18months	5-6 years	Grade 6
Diphtheria				N/A			N/A
Pertussis				N/A			N/A
Tetanus				N/A			N/A
Poliomyelitis				N/A			N/A
HIB				N/A		N/A	N/A
Measles	N/A	N/A	N/A			N/A	N/A
Mumps	N/A	N/A	N/A			N/A	N/A
Rubella	N/A	N/A	N/A			N/A	N/A
Hepatitis B				N/A	N/A	N/A	

Is there any other information about your child that would be helpful for the staff in order to best care for your child? (Needs, concerns, interests, hobbies, etc.): _____

Policies & Procedures

Please refer to the attached PARENT MANUAL and familiarize yourself with FNOSC Policies and Procedures.

I have read and accept the policies and procedures outlined in the Program Conditions.

Signature: _____ Date: _____

Permissions

- 1) I hereby give permission for my child _____ to go on field trips arranged FNOSC (I understand that I will be informed in advance of any unusual field trips):
☐ Yes ☐ No
- 2) I hereby give permission to have pictures taken of my child in the program setting for general record keeping and publicity purposes: ☐ Yes ☐ No
- 3) I understand that in case of accident or illness, if a parent or guardian cannot be reached, FNOSC will phone an ambulance and a staff will accompany your child to the hospital. I give my authorization for emergency health services.
- 4) I accept all responsibility for payment of all accounts rendered to my family.

5) I certify that the information given in this form is complete and true in every respect, and that I am the legal Parent/Guardian of_____.

Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Site Enrolled: _____

Entered Registration Fee SAO / CHQ / CASH #: _____

Payment PAD: _____ Subsidy: _____

Yes - confirmed Start Date: _____ Withdrawal Date: _____

